

# Chilliwack Society for Community Living Volunteer Application



9353 Mary Street  
Chilliwack BC V2P 4G9  
Ph: (604)792-7726 Fax: (604)792-7962  
Email: human.resources@cscl.org

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If you are applying to volunteer in a particular CSCL Program, please specify which program(s): \_\_\_\_\_

## Additional Information

Why are you applying to volunteer with the Chilliwack Society for Community Living?

Describe any known allergies (i.e. pets, foods) and any limitations you may have relating to them.

Do you have any relatives currently employed at CSCL?  YES, Name: \_\_\_\_\_  
 NO

Do you have any relative(s) or anyone in your household currently receiving services from CSCL?  YES  NO  
*If Yes, what program?* \_\_\_\_\_

## Volunteer Requirements

### Clear Criminal Record Check

If you are applying to volunteer with **Children/Youth**:

•Criminal Record Check must be obtained through the local **RCMP**; free of charge; **forms available at CSCL main office**

If you are applying to volunteer with **Adults**:

- Must be obtained through the **Ministry of Public Safety & Solicitor General**/Criminal Records Review Program (CRRP).
- To obtain a Criminal Record Check, volunteers must complete the Consent to a Criminal Record Check **form available from CSCL**. Once completed, submit form to the CSCL HR Department who will contact the Ministry of Public Safety and obtain the check.
- The CRRP charges a **\$28 processing fee** (payable by the volunteer in person to CSCL by cash/debit/credit).

**Confidentiality Oath**

All matters and information pertaining to individuals that has been gained with the organization must be treated as confidential. Under no circumstances may an individual’s information be divulged either inside or outside the organization other than to persons authorized to receive such information in the course of their duties.

I, \_\_\_\_\_, have read and reviewed the above Chilliwack Society for Community Living confidentiality oath. I understand that all individuals’ information to which I may have access is confidential and is not to be communicated except as outlined in the confidentiality oath.

Signed: \_\_\_\_\_

**Declaration**

I certify that all information in this application is true and complete. I understand that if any such information is at any time found to be false; such information may be cause for discharge or refusal of volunteer placement.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

Volunteer Site/Program Assigned: \_\_\_\_\_ Manager: \_\_\_\_\_

Criminal Record Check Clearance:

CPIC (RCMP) Clearance Letter Received

Application entered in ShareVision?  YES

